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|---------------------------------|-------------------------------------|-------------------------------|---------------------------------|
| <i>SERFF Tracking Number:</i> | <i>UHLC-126075466</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Unimerica Insurance Company</i> | <i>State Tracking Number:</i> | <i>41835</i> |
| <i>Company Tracking Number:</i> | <i>DEX2AMD.UIC.06</i> | | |
| <i>TOI:</i> | <i>H10G Group Health - Dental</i> | <i>Sub-TOI:</i> | <i>H10G.000 Health - Dental</i> |
| <i>Product Name:</i> | <i>Group Dental</i> | | |
| <i>Project Name/Number:</i> | <i>UIC Dental Policy Amendment/</i> | | |

Filing at a Glance

Company: Unimerica Insurance Company

Product Name: Group Dental

TOI: H10G Group Health - Dental

Sub-TOI: H10G.000 Health - Dental

Filing Type: Form

SERFF Tr Num: UHLC-126075466 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 41835

Co Tr Num: DEX2AMD.UIC.06

State Status: Approved-Closed

Co Status:

Reviewer(s): Rosalind Minor

Authors: Lynn Kaisershot, Jayne Jackowski

Disposition Date: 03/18/2009

Date Submitted: 03/16/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: UIC Dental Policy Amendment

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/18/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 03/18/2009

Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

We respectfully submit this form for your [formal approval/information]. This is a new form and is not intended to replace any forms previously filed with the Department.

This amendment will be used with previously approved policies to amend a policy to replace existing rates with new rates.

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These materials represent final printed format (with the exception of variable text). Items bracketed in the form with straight brackets [] indicate these items are variable and will include the correct effective date. Once approved, this form will be used to support the issuance of our portfolio of group dental products offered in your state.

Company and Contact

Filing Contact Information

| | |
|---|--------------------------|
| Jayne Jackowski, Senior Specialty Product Analyst | Jayne.Jackowski@eams.com |
| 3100 AMS Blvd. | (920) 661-2234 [Phone] |
| Green Bay, WI 54313 | (920) 661-9861[FAX] |

Filing Company Information

| | | |
|-----------------------------|-------------------------|-------------------------------|
| Unimerica Insurance Company | CoCode: 91529 | State of Domicile: Wisconsin |
| PO Box 150450 | Group Code: 707 | Company Type: Life and Health |
| Hartford, CT 0606115-0450 | Group Name: | State ID Number: |
| (860) 702-6017 ext. [Phone] | FEIN Number: 52-1996029 | |
| | ----- | |

Filing Fees

| | |
|------------------|---------|
| Fee Required? | Yes |
| Fee Amount: | \$50.00 |
| Retaliatory? | No |
| Fee Explanation: | |
| Per Company: | No |

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-----------------------------|---------|----------------|---------------|
| Unimerica Insurance Company | \$50.00 | 03/16/2009 | 26448533 |

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| <i>Project Name/Number:</i> | <i>UIC Dental Policy Amendment/</i> | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|-------------------|-------------------|-----------------------|
| Approved-Closed | Rosalind Minor | 03/18/2009 | 03/18/2009 |

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Disposition

Disposition Date: 03/18/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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| Item Type | Item Name | Item Status | Public Access |
|----------------------------|----------------------|--------------------|----------------------|
| Supporting Document | Flesch Certification | Approved-Closed | Yes |
| Supporting Document | Application | Approved-Closed | Yes |
| Form | Policy Amendment | Approved-Closed | Yes |

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Form Schedule

Lead Form Number: DEX2AMD.UIC.06

| Review Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|-----------------|----------------|---|------------------|---------|----------------------|-------------|--------------------|
| Approved-Closed | DEX2AMD.UIC.06 | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | Policy Amendment | Initial | | | DEX2AMD.UIC.06.pdf |

Amendment to Exhibit 2 to Dental Group Policy

Unimerica Insurance Company

Effective [_____], the following provision included in Exhibit 2 of this Policy is replaced by the provision shown below.

Premiums

¹Include when rates are specified in the Cost Summary (for CPS). ²Include when rates are shown below (for SCI) and insert rates.

Monthly Premiums payable by or on behalf of Covered Persons are specified [¹in the Cost Summary.] [²below:]

This Amendment is subject to applicable terms and conditions of the Policy. All terms and conditions of the Policy remain in full force and effect except to the extent modified by this Amendment.

[_____]

(Name and Title)]

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

| | | | |
|------------------------|---|-----------------|------------|
| Bypassed -Name: | Flesch Certification | Approved-Closed | 03/18/2009 |
| Bypass Reason: | This policy amendment will be used with policy form number DPOL.UNI.06 approved by your department 10/4/07. | | |

Comments:

Review Status:

| | | | |
|------------------------|---|-----------------|------------|
| Bypassed -Name: | Application | Approved-Closed | 03/18/2009 |
| Bypass Reason: | This policy amendment will be used with policy form number DPOL.UNI.06 approved by your department 10/4/07. | | |

Comments: